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November 1, 2004

Application No. : **10/715,223**
Applicant : **Kellie Ross and Arthur A. Krause**
Filed : **November 17, 2003**
Title : **INTRAVENOUS LINE HOLDER**

TC/A.U. : **3632**
Examiner : **Wujciak, Alfred J.**

Docket No. : **57038**

COVER LETTER

Mail Stop: **AMENDMENT**
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

Please find the following attached hereto for filing:

1. Certificate of Mailing
2. Amendment Fee Transmittal
3. Amendment (8 pp.)

Along with a first-class postage prepaid return receipt card.

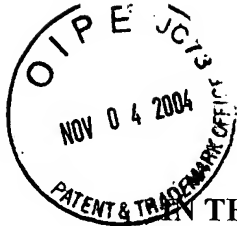
Respectfully submitted,

Dennis H. Lambert & Associates

Dennis H. Lambert
Reg. No. 25,017

DHL:lap

Dennis H. Lambert & Associates
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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CERTIFICATE OF MAILING

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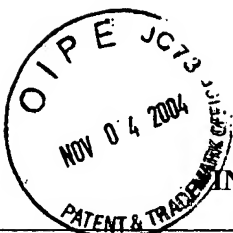
I, Leslie A. Padoll, hereby certify that the attached documents hereto: **Cover Letter; Amendment Fee Transmittal Sheet; Amendment (8 pp.)**, along with a first-class postage prepaid return receipt card, are being deposited today, **November 1, 2004** with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to:

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P. O. Box 1450
Alexandria, Virginia 22313-1450

Leslie A. Padoll

November 1, 2004
Date

DHL:lap
Dennis H. Lambert & Associates
7000 View Park Drive
Burke, Virginia 22015
Tel: 703-451-1227/Fax: 703-451-1297



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AMENDMENT FEE TRANSMITTAL

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SIR:

Transmitted herewith is a communication/response in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.27 has been previously established (**by a verified statement previously submitted**).
- ☒ Small entity status under 37 C.F.R. 1.27 is hereby claimed.
- ☒ Also enclosed is/are: Cover Letter; Certificate of Mailing, Amendment (8 pp.)
- ☐ Other:

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Prev. Paid For	Extra Claims	Small Entity	Lg. Entity
Total Claims	16 -	20 ¹	= 0 ³	X \$9.00	X \$18.00
Independent Claims	1 -	3 ²	= 0 ³	X \$44.00	X \$88.00
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$150.00	+ \$300.00
TOTAL				\$0.00	

1 If less than 20 enter 20

2 If less than 3 enter 3

3 If less than 0 enter 0

- ☒ No additional fee is required for the amendment/response.
- ☐ A check in the amount of \$_____ to cover the filing fee is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of \$_____. A duplicate copy of this sheet is attached.
- ☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17, or credit any overpayment, to Deposit Account No. _____. A duplicate copy of this sheet is attached.

Respectfully submitted,

Dennis H. Lambert
Registration No. 25,017

Dated: November 1, 2004
Dennis H. Lambert & Associates
7000 View Park Drive
Burke, Virginia 22015
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AMENDMENT

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S I R:

Responsive to the Office Action mailed **October 7, 2004**, please make the following amendments.

Amendments to the claims begin on page **2** of this paper.

Remarks/Arguments begin on page **5** of this paper.